

Douglas J. Colino Superintendent of Public Works

Tel: 631 585-2000 Fax: 631 585-2039

BLOCK PARTY PERMIT APPLICATION

PERSON APPLYING FOR PERMIT (PLEASE PRINT)

APPLICANT MUST BE A RESIDENT OF THE STREET TO BE CLOSED.

NAME: _____TEL#___

APPLICANT MUST BE OVER 21 YEARS OF AGE.

STREET ADDRESS								
DATE OF PARTY	E OF PARTYRAIN DATE							
TIMES: FROM:		TO:						
BEGINNING_ NAME OF CROSS STREET	/HOUSE#	ENDING_ NAME OF C	CROSS STREE	ET/HOUSE	#			
HAVE ALL OF THE RI THE ATTACHED FOR		F THE STREET	AGREED	TO CLO	SE THE	STREET	ΓBY SI	IGNING
PLEASE CIRCLE ONE	Y	ES	NO					
LIST ACTIVITIES A		-			WITH	TIME	FOR	EACH
ALL ACTIVITIES MUS						CT TO F	INE.	
APPLICANT'S SIGNAT								